

**APPLICATION FOR INDIGENT DEFENSE SERVICES
CRIMINAL CASES**

REQUIRED FEE: You must pay a \$25 fee when submitting this application. The Court may waive or reduce the fee if you cannot pay the entire fee. If the fee is not waived and you do not pay the fee, the amount will be added to any costs you are ordered to reimburse at the conclusion of your case.

NOTICE: You may be required to submit verification of your Gross Income. Verification of Gross Income includes one of the following: 1) most recent pay stub reflecting current wages, or 2) most recent W2, or 3) most recent Tax Return, or 4) Written Statement from Employer.

DEFENDANT'S NAME: _____

CRIMINAL CHARGE(S): _____

CASE NUMBER(S): _____

AMOUNT PAID FOR BOND: \$ _____

Please Print All Information

PART A

What is your full name (include any aliases)? _____

Home phone number: _____ Work: _____ Cell: _____

Full Mailing Address: _____

Street Address (if different): _____

Date of birth: _____

Have you ever had an appointed lawyer? YES _____ NO _____

If yes, who was your attorney? _____

If yes, when and in what county/state? _____

PART B

Do you receive any of the following governmental benefits:

TANF: YES _____ NO _____ Medical Assistance for the Elderly: YES _____ NO _____

Supplemental Security Income: YES _____ NO _____

If you answered yes to receiving TANF, Supplemental Security Income, OR Medical Assistance for the Elderly, skip parts C, D, and E and go to Part F.

If you answered no to receiving TANF, Supplemental Security Income, AND Medical Assistance for the Elderly, complete the entire application in order for your eligibility for indigent defense services to be determined.

PART C

Are you employed? YES _____ NO _____

If yes, print your employer's name, telephone number and address: _____

What type of work do you do? _____

Is your job waiting for you? YES _____ NO _____ NOT SURE _____

What is your supervisor's name? _____

Is your spouse employed? YES _____ NO _____ NOT MARRIED _____

Your Monthly income before taxes \$ _____ Cash on Hand \$ _____

Bank Accounts \$ _____

Spouse's monthly income Tax refund coming \$ _____

before taxes \$ _____ Stocks/Bonds \$ _____

Governmental/Public Assistance: \$ _____ Land/Real Estate \$ _____

Value of Home/Mobile Home \$ _____

Unemployment \$ _____ Value of Vehicles \$ _____

Pension \$ _____ Livestock \$ _____

VA Disability \$ _____ Household Goods \$ _____

Military Allotment \$ _____ Spousal/Child support \$ _____

Other Income \$ _____ Other Assets \$ _____

Total Monthly Income \$ _____ **Total Assets** \$ _____**PART D**

If you own or are buying property listed below, circle the item and then fill in the information about the property.

Property:	What is the make/model & year	Cost when you bought it	Present Value	How much do you still owe on it?
Car				
Second Car				
Pickup				
Truck				
Motorcycle				
Recreational Vehicle				
House / Mobile Home				
Other Real Estate				
Other Property: _____				
Other Property: _____				

PART E

Names of People living in your household:

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Names, ages, and relationship of other dependents or others you support financially

1.	_____	_____	_____
2.	_____	_____	_____

Are there any extraordinary financial conditions that would prevent you from hiring a private lawyer?

YES _____ NO _____ If yes, please explain: _____

PART F

I have answered all questions honestly and truthfully to the best of my knowledge and I am requesting that a lawyer be appointed to represent me. I understand that the information supplied on this form is not confidential. I also understand that if I have supplied false information in the application, it may lead to criminal prosecution and conviction.

If counsel is appointed for me, I understand that I have a continuing responsibility to inform the court of any changes in my financial condition. I understand that even if I am found eligible to have the costs of an attorney and related expenses paid for me at this time, I may be required to pay back those expenses to the State at a later time.

Date: _____

Signature _____

FOR COURT USE ONLY

Case Title(s): _____

Application Fee: Paid _____ Reduced to \$ _____ Waived _____ Due _____

Applicant is found to be:

_____ Not Indigent. The Application for appointed defense services is denied.

_____ Indigent. Counsel is to be provided by the ND Commission on Legal Counsel for Indigents. The Court hereby advises the defendant of the defendant's potential obligation to reimburse the Commission the amounts expended on behalf of the defendant.

Date: _____ Approved: _____

Judge of District Court or Designee